

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90022 023 \*\*\*150.00

DOCUMENT # 698178

1. Corporation Name  
LIMA'S PAINTING, INC.

Principal Place of Business  
30040 SW 154 AVE  
HOMESTEAD FL 33033

Mailing Address  
30040 SW 154 AVE  
HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1981

4. FEI Number

59-2111706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33033-3582 Country Miami -  
25 Dade

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30040 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIMA, GLORIA  
30040 SW 154 AVE  
HOMESTEAD FL 33033

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
30040 SW 154 ave

83 Homestead

84 City

FL

85 Zip Code  
33033

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Gloria A. Lima DST  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME LIMA, ISIDRO  
STREET ADDRESS 30040 SW 154TH AVE.  
CITY-ST-ZIP HOMESTEAD FL

TITLE DST ☐ DELETE  
NAME LIMA, GLORIA A.  
STREET ADDRESS 30040 SW 154TH AVE.  
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition  
15 NAME  
16 STREET ADDRESS  
17 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria A. Lima DST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-24-99  
Date  
305-248-1058  
Daytime Phone #

CR2E034 (11/98)